

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**=62-006049**

STATE FILE NUMBER

Registration District No. **101**

Primary Registration District No. \_\_\_\_\_

Registrar's No. **8**

AMENDED

**FILED MAR 13 1962**

|  |   |  |                                    |
|--|---|--|------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Douglas</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Douglas</b>                           |                                    |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Campbell Township</b>  |   | c. CITY OR TOWN <b>Smallett</b>  |                                    |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION   |   | d. STREET ADDRESS (If outside, give location)  |                                    |
| Length of stay in lb <b>17 yrs</b>   |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |                                    |
| 3. NAME OF DECEASED<br>(Type or print)<br><b>Lee Wesley Mackey</b>   |   | 4. DATE OF DEATH<br><b>March 1, 1962</b>   |                                    |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH<br><b>6-19-02</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Farming</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY  |                                    |
| 11. BIRTHPLACE (City and state or country)<br><b>Rome, Missouri</b>  |   | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>  |                                    |
| 13a. FATHER'S NAME<br><b>John Mackey</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Eliza Cunningham</b>   |                                    |
| 14. NAME OF HUSBAND OR WIFE<br><b>Jewell F. Mackey</b>   |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |                                    |
| 16. SOCIAL SECURITY NO.  |   | 17. INFORMANT<br><b>Jewell F. Mackey, Smallett, Mo.</b>  |                                    |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Acute Coronary Occlusion</b><br>DUE TO (b) <b>Chronic Coronary Heart Dis</b><br>DUE TO (c) <b>10%</b> |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 hr</b>  |                                    |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Chronic Diabetes Mellitus</b>  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                                    |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |                                    |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    |  |                                    |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |   | 20f. CITY, TOWN, OR LOCATION<br>COUNTY _____ STATE _____   |                                    |
| 21. I attended the deceased from _____, to _____ and last saw her alive on _____<br>Death occurred at <b>11:30 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.         |   |  |                                    |
| 22a. SIGNATURE<br><b>M. S. Anty</b> (Degree or title) <b>M.D.</b>  |   | 22b. ADDRESS<br><b>Ava MO</b>  |                                    |
| 22c. DATE SIGNED<br><b>3-2-62</b>  |   | 23. NAME OF CEMETERY OR CREMATORY<br><b>Mt. Tabor</b>  |                                    |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |   | 23b. DATE<br><b>3-4-62</b>   |                                    |
| 23c. LOCATION (City, town, or county)<br><b>R. Ava, Missouri</b>   |   | 23d. DATE RECD. BY LOCAL REG.<br><b>Mar 3-62</b>   |                                    |
| 24. FUNERAL DIRECTOR<br><b>Clinkingbeard Funeral Home, Ava, Mo.</b>  |   | 25. REGISTRAR'S SIGNATURE<br><b>Vestal Bushman</b>   |                                    |

(Licensed Embalmer's Statement on Reverse Side)

MAR 13 1962

MAR 16 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Charles R. Fisk*

Licensed Embalmer No. *4662*

P. O. Address *Over MO.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.